

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00196246

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 09 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		353076.28
(b) Cash on Hand at Beginning of Reporting Period.....	336459.56	
(c) Total Receipts (from Line 19)	57992.81	380754.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	394452.37	733830.35
7. Total Disbursements (from Line 31)	33849.33	373227.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	360603.04	360603.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
09 01 2011

To:

M M / D D / Y Y Y Y Y
09 30 2011
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

45138.63

306903.86

(ii) Unitemized

12759.18

73265.21

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

57897.81

380169.07

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

57897.81

380169.07

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

95.00

585.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

57992.81

380754.07

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

57992.81

380754.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	849.33	18531.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	849.33	18531.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	348000.00
24. Independent Expenditures (use Schedule E)	0.00	3900.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2795.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2795.34
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33849.33	373227.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33849.33	373227.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	57897.81	380169.07
34. Total Contribution Refunds (from Line 28(d))	0.00	2795.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57897.81	377373.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	849.33	18531.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	849.33	18531.97

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 58
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gary Abrams

Mailing Address 4717 Saint Antoine St

City State Zip Code
 Detroit MI 48201-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 17AF79EC-01B1-4026-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Patrick Aiello

Mailing Address 275 W 28th St
 Attn: Marlene

City State Zip Code
 Yuma AZ 85364-7308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

09 / 28 / 2011

Transaction ID : 4409877F35C88699E339

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Peter Amaral

Mailing Address 635 Medical Pkwy

City State Zip Code
 Brenham TX 77833-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 24 / 2011

Transaction ID : 4C6B81E0A5C5CF7212CA

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

473.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Manek Anklesaria

Mailing Address 4415 S Harvard Ave
Ste 120

City State Zip Code
Tulsa OK 74135-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : DE734FD0BAFEA343E6D

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Lauren Baker

Mailing Address 345 E 53rd St

City State Zip Code
Minneapolis MN 55419-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : BFC66A78949F7ED3FE7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ray Balyeat

Mailing Address 2000 S Wheeling Ave
Ste 400

City State Zip Code
Tulsa OK 74104-5641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : DB270642-8D52-4767-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Blandford

Mailing Address 1937 Old Main St
Ste 2

City Maysville State KY Zip Code 41056-8956

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

09 / 30 / 2011

Transaction ID : 4DCABA1CE68CB5A550D5

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Stephen Blaydes

Mailing Address PO Box 1380

City Bluefield State WV Zip Code 24701-1380

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2011

Transaction ID : 8FB8CEB026961EA5380

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Bobrow

Mailing Address 121 Hunter Ave
Ste 102

City Clayton State MO Zip Code 63124-2082

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2011

Transaction ID : F1EBCCDA-C1FF-4B94-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1083.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 58
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Bodine

Mailing Address 915 Palmer Rd

Retina Consultations

City

Bronxville

State

NY

Zip Code

10708-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 28 / 2011

Transaction ID : 49BE9E7DA4B41C2C01DA

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Rodger Bodoia

Mailing Address 215 Lilly Rd NE

City

Olympia

State

WA

Zip Code

98506-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2011

Transaction ID : 6A39CA957592E15D0D2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Chadwick Brasington

Mailing Address 1016 Kirkpatrick Rd

City

Burlington

State

NC

Zip Code

27215-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.69

Date of Receipt

09 / 07 / 2011

Transaction ID : 4B57817FAFDB52109631

Amount of Each Receipt this Period

30.41

SUBTOTAL of Receipts This Page (optional)..... ►

572.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 10 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Brennan

Mailing Address 1016 Kirkpatrick Rd

City

Burlington

State

NC

Zip Code

27215-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : 70CB6C12D7E746999E7

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Mark Brower

Mailing Address 504 Willabay Dr

City

Williams Bay

State

WI

Zip Code

53191-9627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : 85E5E2DF-508C-4F06-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. John BurchfieldMailing Address 2865 N Reynolds Rd
Ste 170

City

Toledo

State

OH

Zip Code

43615-2076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2011

Transaction ID : 45E7837BDAC681DB61AC

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

755.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Frank Burns

Mailing Address 13324 Shelbyville Rd

City

Louisville

State

KY

Zip Code

40223-3936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

09 / 06 / 2011

Transaction ID : 457FBEEF729BCBDF8FF2

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Bruce Cameron

Mailing Address 10330 Meridian Ave N
Ste 370

City

Seattle

State

WA

Zip Code

98133-9463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2011

Transaction ID : 56301754-ED98-4A0C-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Louis Cantor

Mailing Address 455 Somerset Dr W

City

Indianapolis

State

IN

Zip Code

46260-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 84596258-433E-4762-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Donald Cinotti

Mailing Address 600 Pavonia Ave
Ste 6

City Jersey City State NJ Zip Code 07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 18 / 2011

Transaction ID : 4D3B9C1E50F9FB0654CB

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. S. William William Clark

Mailing Address 502 Isabella St

City Waycross State GA Zip Code 31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

09 / 23 / 2011

Transaction ID : 46D481ABBDD7C0247E37

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

c. Christopher Coad

Mailing Address 157 W 19th St

City New York State NY Zip Code 10011-4102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 42C38444A704F3B6C43F

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

541.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Cohen

Mailing Address 579 S Duncan Ave

City

Clearwater

State

FL

Zip Code

33756-6256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2011

Transaction ID : C926B352F4AA4EF2143

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph Coney

Mailing Address 2816 Veron Ln

City

Twinsburg

State

OH

Zip Code

44087-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2011

Transaction ID : 5D2E3F2B-4335-450D-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Russell Crain

Mailing Address 11011 Hefner Pointe Dr
Ste B

City

Oklahoma City

State

OK

Zip Code

73120-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 17 / 2011

Transaction ID : 4C1098BB1512A92B62BD

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Craig Czyz

Mailing Address 1100 Oregon Ave

City

Columbus

State

OH

Zip Code

43201-3371

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 03 / 2011

Transaction ID : D0DA197B-4773-464A-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Anthony DeMarco

Mailing Address 105 Trinity Pl

City

Athens

State

GA

Zip Code

30607-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 26 / 2011

Transaction ID : 4552A651-6490-4FA4-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Steven Dewey

Mailing Address 1423 N Tejon St

City

Colorado Springs

State

CO

Zip Code

80907-7436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 0CE476BFBEFAF8D0C7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Anna Luisa Luisa Di Lorenzo

Mailing Address 2877 Crooks Rd
 Ste B

City State Zip Code
 Troy MI 48084-4717

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3625.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : 414B8AE0E62C4331C81B

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Andrew Doan

Mailing Address 31515 Rancho Pueblo Rd
 Ste 103

City State Zip Code
 Temecula CA 92592-4837

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : 400DB6D1E7671215D8CD

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. David Dodwell

Mailing Address 1230 Centre West Dr

City State Zip Code
 Springfield IL 62704-2173

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : F86484F0-E84C-44F1-

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2750.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joseph Doe

Mailing Address 1052 Gull Rd

City

Kalamazoo

State

MI

Zip Code

49048-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 18 / 2011

Transaction ID : 489F83C698D9E9839524

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Gary Dolin

Mailing Address 8111 12th Ave NW

City

Bradenton

State

FL

Zip Code

34209-9504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 24 / 2011

Transaction ID : 43CFB922-3906-454B-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Timothy Ehlen

Mailing Address 2805 Campus Dr
Ste 105

City

Plymouth

State

MN

Zip Code

55441-2677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

564.00

Date of Receipt

09 / 01 / 2011

Transaction ID : FDE2C0C780A3D551FE8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

895.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Ehlers

Mailing Address 125 Secret Lake Rd

City

Avon

State

CT

Zip Code

06001-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2011

Transaction ID : 43C18E8AFDD6637F1AF3

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. David Eichenbaum

Mailing Address 1211 43rd Ave N

City

Saint Petersburg

State

FL

Zip Code

33703-4435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : 51196A18-6DE6-4843-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Finegan

Mailing Address 236 Roseberry St

City

Phillipsburg

State

NJ

Zip Code

08865-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : 49C0ABFA0F39ED819A3E

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

625.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Christina Flaxel

Mailing Address 3375 SW Terwilliger Blvd

City

Portland

State

OR

Zip Code

97239-4146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 01 / 2011

Transaction ID : 45AF94F9-5AF8-4311-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. C. Stephen Foster

Mailing Address 5 Cambridge Ctr
Ste 8

City

Cambridge

State

MA

Zip Code

02142-1493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 07 / 2011

Transaction ID : 988DB8C3-6F2D-4D43-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Freedman

Mailing Address 1 Salem St
Apt 16

City

Swampscott

State

MA

Zip Code

01907-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 29 / 2011

Transaction ID : C71B1F394F635566834

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sunir Garg

Mailing Address 840 Walnut St
Ste 1020

City Philadelphia State PA Zip Code 19107-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

09 / 27 / 2011

Transaction ID : 4ED8954A593A391B73DE

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Joel George

Mailing Address 3701 Santa Erica

City Mission State TX Zip Code 78572-3927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2011

Transaction ID : D4F3F679-326A-42D1-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Gilbert

Mailing Address 12301 NE 10th Pl
Ste 200

City Bellevue State WA Zip Code 98005-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

09 / 03 / 2011

Transaction ID : 401C97CDC6950A1D1818

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

613.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Douglas Goosey

Mailing Address 6545 Rutgers Ave

City

Houston

State

TX

Zip Code

77005-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 49DC89B6784846B2D079

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Erich Groos

Mailing Address 2400 Patterson St
Ste 201

City

Nashville

State

TN

Zip Code

37203-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

09 / 16 / 2011

Transaction ID : 41CB8CDC5B254030F282

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. John Hagan

Mailing Address 9401 N Oak Trfy
Ste 200

City

Kansas City

State

MO

Zip Code

64155-3393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 26 / 2011

Transaction ID : 992A472F-9C7B-4287-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1183.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Hawkins

Mailing Address 1729 New Hanover Medical Park Dr

City State Zip Code
Wilmington NC 28403-5345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 11 / 2011

Transaction ID : 4BF0AF4EE43A445C1C35

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William Haynes

Mailing Address 8 Medical Park Dr

City State Zip Code
Asheville NC 28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 3D9B5F3B80389665CF4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Edward Hedaya

Mailing Address 1 Highway 70

City State Zip Code
Lakewood NJ 08701-5895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 26 / 2011

Transaction ID : A136A2D123A391DBFAC

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Heimer

Mailing Address 1850 E Park Ave

Heimer Eye Care Assoc Pc, Ste 304

City State Zip Code
 State College PA 16803-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 26 / 2011

Transaction ID : A7B42622AAAB35DCD54

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jeffery Hottman

Mailing Address 4353 Dodge St

City State Zip Code
 Omaha NE 68131-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 25 / 2011

Transaction ID : DD0EBFF0-245C-4BCF-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. W. Jackson Iliff

Mailing Address 8109 Ritchie Hwy

City State Zip Code
 Pasadena MD 21122-6917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 4AB08BE5C355F3875E24

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Randolph Johnston

Mailing Address 1300 E 20th St

City

Cheyenne

State

WY

Zip Code

82001-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 46AABEBD959E4A889E4A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Leslie Jones

Mailing Address 2041 Georgia Ave NW
Ste 2100

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

09 / 08 / 2011

Transaction ID : 4A65AD3A34F9284500C9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jerome Jordan

Mailing Address 200 Mifflin Ave

City

Scranton

State

PA

Zip Code

18503-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

09 / 02 / 2011

Transaction ID : 4B5AA6600AEB97894D55

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

183.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Emilio Justo

Mailing Address 19052 N R H Johnson Blvd

City State Zip Code
 Sun City West AZ 85375-4401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 26 / 2011

Transaction ID : 4E6E9D19301EF6889BFA

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jeffrey Kaplan

Mailing Address 4699 Main St
 Ste 106

City State Zip Code
 Bridgeport CT 06606-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 20 / 2011

Transaction ID : 942E965F-882B-4900-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dennis Kilpatrick

Mailing Address 7550 E 2nd St

City State Zip Code
 Scottsdale AZ 85251-4504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2011

Transaction ID : 91F9B973-7DB7-40C7-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

895.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Klein

Mailing Address 21711 Greater Mack Ave

City

Saint Clair Shores

State

MI

Zip Code

48080-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 05 / 2011

Transaction ID : 42179F2C2153582C81AE

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Craig Kliger

Mailing Address 100 Galewood Cir

City

San Francisco

State

CA

Zip Code

94131-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 24 / 2011

Transaction ID : 4353A28A3961891C34B9

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. Christopher Knight

Mailing Address 198 Ems T5 Ln

City

Leesburg

State

IN

Zip Code

46538-8841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 5DD101EDAF8EBC65633

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

495.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 26 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Douglas Koch

Mailing Address 6565 Fannin St

City

Houston

State

TX

Zip Code

77030-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

09 / 06 / 2011

Transaction ID : E72BA732310715F31B3

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Douglas Kopp

Mailing Address 2222 W 24th St
Unit 10

City

Plainview

State

TX

Zip Code

79072-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 08 / 2011

Transaction ID : 48A091974CBAF246ADDB

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Daniel Lange

Mailing Address 1836 South Ave

City

La Crosse

State

WI

Zip Code

54601-5429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 8F58D38951CC388A0B0

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Katherine Lee
 Mailing Address 222 N 2nd St
 Ste 215

City	State	Zip Code
Boise	ID	83702-6130

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2011

Transaction ID : 9D00220A-70C3-4602-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James Lehmann
 Mailing Address 4775 Hamilton Wolfe Rd
 Ste 2

City	State	Zip Code
San Antonio	TX	78229-3456

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 670FECE7-D77F-4F8B-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Todd Liegner
 Mailing Address 350 Sparta Ave
 Bldg A

City	State	Zip Code
Sparta	NJ	07871-1120

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : 0E9C47D2233F54355A8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sue Lim

Mailing Address 263 Harrington Dr

City State Zip Code
Troy MI 48098-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 08 / 2011

Transaction ID : 4B8AA90C22A16C2D5773

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Richard Lindstrom

Mailing Address 9801 Dupont Ave S
Ste 200

City State Zip Code
Bloomington MN 55431-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : EDB7F43474797709ABF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Liss

Mailing Address 419 W Redwood St
Ste 420

City State Zip Code
Baltimore MD 21201-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2011

Transaction ID : 5AA4029FDF30822FA5A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1025.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joseph Locascio III

Mailing Address 636 Ridgewood Rd

City

Huntington

State

WV

Zip Code

25701-4850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2011

Transaction ID : FB1458AD5A7432767F2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter Lowe

Mailing Address 4175 S Congress Ave
Ste V

City

Lake Worth

State

FL

Zip Code

33461-4725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

09 / 16 / 2011

Transaction ID : 4A3AA6D31C5B82B323F3

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Steven Madreperla

Mailing Address 628 Cedar Ln

City

Teaneck

State

NJ

Zip Code

07666-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 6781AB27-06C6-4098-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Masud Malik

Mailing Address 3865 N Mulford Rd

City

Rockford

State

IL

Zip Code

61114-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

09 / 16 / 2011

Transaction ID : 4F06A09528E1B8DE98AE

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Richard Margolies

Mailing Address 3355 Burns Rd
Ste 205

City

Palm Beach Gardens

State

FL

Zip Code

33410-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 23 / 2011

Transaction ID : F14130A1-A0BE-4132-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Sheron Marshall

Mailing Address 7075 Campus Dr
Ste 100

City

Colorado Springs

State

CO

Zip Code

80920-6524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

09 / 08 / 2011

Transaction ID : 4F34AC682FA7EC6CE00D

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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FOR LINE NUMBER: PAGE 31 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Benjamin Mason

Mailing Address 1110 Eagle Ridge Rd

City	State	Zip Code
Cedar Falls	IA	50613-1514

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : 41308B07BE569615F366

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Edward McGillMailing Address 7710 Mercy Rd
Ste 121

City	State	Zip Code
Omaha	NE	68124-2346

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : 9AA1ED6DEA64E39CA38

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy McInnisMailing Address 300 N Willson Ave
Ste 1003

City	State	Zip Code
Bozeman	MT	59715-3551

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Transaction ID : 4E329CFB7C9CE30A05E4

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

316.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Edward Edward Migliori

Mailing Address 120 Dudley St
Ste 301

City State Zip Code
Providence RI 02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

09 / 08 / 2011

Transaction ID : 4DEEBCD83E58DE79A02A

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Aaron Miller

Mailing Address 13414 Medical Complex Dr
Ste 4

City State Zip Code
Tomball TX 77375-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 492F8F500597B6116BA0

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Amalia Miranda

Mailing Address 3435 NW 56th St
Building A # 700

City State Zip Code
Oklahoma City OK 73112-4448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 434C8D67E3E1D8B6383A

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

233.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Clifford Myers

Mailing Address 5401 N Knoxville Ave
Ste 106

City State Zip Code
Peoria IL 61614-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2011

Transaction ID : C2D57343-810A-409C-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eric Nelson

Mailing Address 6405 France Ave S
Ste W460

City State Zip Code
Edina MN 55435-2189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : 44EAB73BDA46FA9E9397

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Sara O'Connell

Mailing Address 7504 Antioch Rd

City State Zip Code
Overland Park KS 66204-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : EA81C0348BACACBCB10

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1025.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen O'Connell

Mailing Address 340 Hulse Rd

Naval Aerospace Medical Institute

City

Pensacola

State

FL

Zip Code

32508-1089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : 4278B23551EE0EA059E1

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Kelly Patrick O'Neill

Mailing Address 563 Wessel Dr

City

Fairfield

State

OH

Zip Code

45014-3668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 421A9CC76683777948F5

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Karl Olsen

Mailing Address 3501 Forbes Ave

Ste 500

City

Pittsburgh

State

PA

Zip Code

15213-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : 9D36CCDDB77607352E3

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

490.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Philip Paden

Mailing Address 221 W Stewart Ave
Ste 110

City State Zip Code
Medford OR 97501-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : 23F43639-5DB3-4B0F-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Parke

Mailing Address 88 Notch Hill Rd
Apt 332

City State Zip Code
North Branford CT 06471-1852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : 998E24ACA13EA2CF2C2

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Michael Peterson

Mailing Address 700 W Kent Ave

City State Zip Code
Missoula MT 59801-6772

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : 91FCF395-8AE4-42D6-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bryan Phillips

Mailing Address 3807 Royal Portrush Dr

City
Naperville

State Zip Code
IL 60564-5916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2011

Transaction ID : AD98277A18A5423FC12

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tedd Puckett

Mailing Address 1209 Valley View St

City
Radford

State Zip Code
VA 24141-3831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 13 / 2011

Transaction ID : 69D56483650B5925B3C

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Vadrevu Raju

Mailing Address 3140 Collins Ferry Rd

City
Morgantown

State Zip Code
WV 26505-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 11 / 2011

Transaction ID : 4BA7B474B099F16BEDB5

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

890.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Richardson

Mailing Address 207 S Santa Anita Ave
Ste P25

City State Zip Code
San Gabriel CA 91776-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2853.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 475F8C28B2D4AEB87E08

Amount of Each Receipt this Period

317.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Rocco

Mailing Address 400 Saybrook Rd
Ste 100

City State Zip Code
Middletown CT 06457-4774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : 82D6950832E93971C3F

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Lawrence Ronning

Mailing Address 6046 Whipple Ave NW

City State Zip Code
North Canton OH 44720-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : CDD912149E507EC6D6C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

932.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Teresa Rosales

Mailing Address 4100 Long Beach Blvd
Ste 108

City Long Beach State CA Zip Code 90807-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : 49EBA7811F082471033A

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Paul Rosenberg

Mailing Address 1015 Ridge Rd
Ocusight Eye Care Center

City Webster State NY Zip Code 14580-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 6FFCCD4D-C0AD-4FAE-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark Ruchman

Mailing Address 1 Reservoir Office Park
Ste 203

City Southbury State CT Zip Code 06488-3926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.42

Date of Receipt

09 / 20 / 2011

Transaction ID : CAAC0569BBA4C213D66

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

890.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Ruchman

Mailing Address 1 Reservoir Office Park
Ste 203

City State Zip Code
Southbury CT 06488-3926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.42

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 4BB9BED091D82CECF224

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Jay Rudd

Mailing Address 345 College St SE
Ste C

City State Zip Code
Lacey WA 98503-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2011

Transaction ID : 34F7CC1F-5822-4F51-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven Samuelson

Mailing Address 2827 N Clarkson St

City State Zip Code
Fremont NE 68025-7714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : 4970BE66F55247DCCA5D

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

555.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ralph Sando Jr.

Mailing Address 101 Laurier Pl

City

Bryn Mawr

State

PA

Zip Code

19010-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2011

Transaction ID : 6473BB920A4589C1017

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bradley Scharf

Mailing Address 8 Magnolia Dr

City

Rye Brook

State

NY

Zip Code

10573-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 22 / 2011

Transaction ID : FF24C428-AC95-47B8-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Gary Schraut

Mailing Address 100 Professional Ct
Ste 101

City

Lafayette

State

IN

Zip Code

47905-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 3D2A3353-35C0-4740-

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Halsey Settle

Mailing Address 4207 James Casey St
Ste 305

City State Zip Code
Austin TX 78745-1193

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : 69C26D89EAB82BC4E0D

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. David Shulman

Mailing Address 999 E Basse Rd
Ste 127

City State Zip Code
San Antonio TX 78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : 431B95CB0D567218A0EF

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. R. Michael Siatkowski

Mailing Address 608 Stanton L Young Blvd

City State Zip Code
Oklahoma City OK 73104-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2011

Transaction ID : 2B7DC792-42B5-4DAA-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

748.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Neal Snebold

Mailing Address 696 Main St

City

Weymouth

State

MA

Zip Code

02190-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 40DB4152-22AB-4A01-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott So

Mailing Address 2100 Webster St
Ste 214

City

San Francisco

State

CA

Zip Code

94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 4FD2BDBF97230803505C

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Alan Victor Spigelman

Mailing Address 1750 S Telegraph Rd
Ste 205

City

Bloomfield Hills

State

MI

Zip Code

48302-0178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : 9B84903E-DE30-4AAB-

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

549.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gerald Spindel

Mailing Address 6 Tsienneto Rd
Ste 101

City State Zip Code
Derry NH 03038-1584

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : 4A61943EDC287F213BAD

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Sydney Stapleton

Mailing Address 1726 Metromedical Dr

City State Zip Code
Fayetteville NC 28304-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 17B75872DC8E55BFCDE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Steinemann

Mailing Address 2703 Cranlyn Rd

City State Zip Code
Shaker Heights OH 44122-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : F8B4E248AD69F056842

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

791.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Donald Stone

Mailing Address 748 Tuscany Way

City

Edmond

State

OK

Zip Code

73034-6786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 02 / 2011

Transaction ID : 409495FEFE5C9182FF1E

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Stephen Sullivan

Mailing Address 51 State Rd

City

North Dartmouth

State

MA

Zip Code

02747-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 20 / 2011

Transaction ID : CE21661D-687D-40CB-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Regina Sun

Mailing Address 1919 Vassar St

Apt B

City

Houston

State

TX

Zip Code

77098-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

09 / 23 / 2011

Transaction ID : 499FA6B285E9D226BF9E

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1133.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gary Tanner

Mailing Address 10 Jacobs Ln

City

Newport News

State

VA

Zip Code

23606-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 4F30B5F467D4B6BF467B

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John Thomas

Mailing Address 3519 Friendsville Rd

City

Wooster

State

OH

Zip Code

44691-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 7A6C2346BC5CE9C1E33

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott Uttley

Mailing Address 2139 Lower Saint Dennis Rd

City

Saint Paul

State

MN

Zip Code

55116-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 3874CAA61C21C8B4216

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Volpicelli

Mailing Address 1174 Castro St
Ste 100

City State Zip Code
Mountain View CA 94040-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 75F8D15F-CDF9-4B96-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jonathan Walker

Mailing Address 7900 W Jefferson Blvd
Ste 300

City State Zip Code
Fort Wayne IN 46804-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : 763F2EE2-07DD-4E8B-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joseph Walsh

Mailing Address 310 E 14th St
Ny Eye and Ear Infirmary

City State Zip Code
New York NY 10003-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : C7E5B8F42A377123D9F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Thomas Walton

Mailing Address 13919 Bluff Wind

City

San Antonio

State

TX

Zip Code

78216-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 16 / 2011

Transaction ID : CB56CF518A03FFAA446

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. W. Lee Wan

Mailing Address 1700 N Rose Ave
Ste 200

City

Oxnard

State

CA

Zip Code

93030-3791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 05 / 2011

Transaction ID : B77E9073-2D34-4929-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Thomas Peter Ward

Mailing Address 18 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 412CBBFF6AAE80FF2D7

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

456.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Weisenthal

Mailing Address PO Box 48

5770 Commons Park

City

De Witt

State

NY

Zip Code

13214-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 536C7D2C-E188-44D2-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Wentzien

Mailing Address 3600 N Interstate Ave

City

Portland

State

OR

Zip Code

97227-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2011

Transaction ID : 4DADAF3766CBD5999768

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jeffrey Wentzloff

Mailing Address 929 Business Park Dr

City

Traverse City

State

MI

Zip Code

49686-8683

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2011

Transaction ID : A12C7819-75EC-45A6-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1041.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Chi-Wah (Rudy) Yung

Mailing Address 5124 Green Braes East Dr

City

Indianapolis

State

IN

Zip Code

46234-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

09 / 20 / 2011

Transaction ID : D96F4595-6649-4544-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Chi-Wah (Rudy) Yung

Mailing Address 5124 Green Braes East Dr

City

Indianapolis

State

IN

Zip Code

46234-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 07E76101-9DD2-410D-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Marco Zarbin

Mailing Address 26 Sunset Dr

City

Chatham

State

NJ

Zip Code

07928-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2011

Transaction ID : C10BAC3B-D4C1-408D-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1165.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 58
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd
Ste 100

City Winston Salem State NC Zip Code 27103-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2011

Transaction ID : 420380179329192EE2C9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

41.67

45138.63

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount - Sep 2011

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 30 2011

Transaction ID : 3D285D89B77EAACCF A6

Amount of Each Disbursement this Period

431.23

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Sep 2011

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 30 2011

Transaction ID : D443DB88EDF9A453CEF

Amount of Each Disbursement this Period

418.10

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

849.33

TOTAL This Period (last page this line number only)..... ►

849.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Benishek for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Mailing Address PO Box 2012

City	State	Zip Code
Kingsford	MI	49802

Transaction ID : 54145-2529107928276Purpose of Disbursement
2012 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Daniel J. BenishekCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens for Altmire

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address PO Box 1776

City	State	Zip Code
Freedom	PA	15042

Transaction ID : 05556-5716363787651Purpose of Disbursement
2012 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Jason AltmireCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

1000.00

Full Name (Last, First, Middle Initial)

C. Connolly for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Mailing Address PO Box 563

City	State	Zip Code
Merrifield	VA	22116

Transaction ID : 54145-4099847674369Purpose of Disbursement
2012 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Gerald E. ConnollyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 11

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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PAGE 53 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Continuing a Majority Party Action Committee (CAMPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Continuing a Majority Party Action Committee (CAMPAC)

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID : 54145-9307062029838

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Every Republican Is Crucial (ERICPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Mailing Address 25 E Main Street
Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Every Republican Is Crucial (ERICPAC)

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID : 71570-1220209002494

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Raymond Eugene Green

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID : 71570-6703302264213

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John D. Dingell for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Primary Contribution

011

Transaction ID : 05556-8616144061088

Amount of Each Disbursement this Period

1000.00

Candidate Name

John D. DingellCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Full Name (Last, First, Middle Initial)

B. Legpac

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Transaction ID : 53787-4455377459526

Amount of Each Disbursement this Period

5000.00

Candidate Name

LegpacCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. Legpac

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
void ck orig reported 8/4/11

011

Transaction ID : 60591-19945925474167

Amount of Each Disbursement this Period

-5000.00

Candidate Name

LegpacCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lincoln Pac

Mailing Address PO Box A3968

City	State	Zip Code
Chicago	IL	60690

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Lincoln PacOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ☐ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : 05556-6326410174369

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mark Critz for Congress CommitteeMailing Address 647 Main Street
Suite 110

City	State	Zip Code
Johnstown	PA	15901

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Mark S. CritzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ☐ Contribution

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : 05556-4245416522026

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Martha Roby for Congress

Mailing Address PO Box 195

City	State	Zip Code
Montgomery	AL	36101

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Martha RobyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ☐ Contribution

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2011

Transaction ID : 71570-0697900652885

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Burgess for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
2012 General Contribution

011

Transaction ID : 28488-9005548357963

Amount of Each Disbursement this Period

1000.00

Candidate Name

Michael Clifton BurgessCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 26

Full Name (Last, First, Middle Initial)

B. Michaud for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Mailing Address 213 Lisbon St

City	State	Zip Code
Lewiston	ME	04240

Purpose of Disbursement
2012 Primary Contribution

011

Transaction ID : 54145-3812372088432

Amount of Each Disbursement this Period

1000.00

Candidate Name

Michael H. MichaudCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Full Name (Last, First, Middle Initial)

C. Mobrooksforcongress.Com

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Mailing Address 7610 Foxfire Dr.

City	State	Zip Code
Huntsville	AL	35802

Purpose of Disbursement
2012 Primary Contribution

011

Transaction ID : 71570-0912591814994

Amount of Each Disbursement this Period

2500.00

Candidate Name

Morris Jackson Brooks Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 05

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi for CongressMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Nancy PelosiOffice Sought: ☒ House
☐ Senate
☐ President
State: CA District: 08Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Transaction ID : 05556-7513696551323

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Scalise for Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Stephen J. ScaliseOffice Sought: ☒ House
☐ Senate
☐ President
State: LA District: 01Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : 71570-8365594744682

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Aaron SchockOffice Sought: ☒ House
☐ Senate
☐ President
State: IL District: 18Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Transaction ID : 54145-1026422381401

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steve Rothman for New Jersey, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address PO Box 714

City	State	Zip Code
Hackensack	NJ	07602

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Steven R. RothmanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 09

Transaction ID : 05556-9204828143119

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Texans for Henry Cuellar Congressional Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address 1519 Washington Street
Suite 200

City	State	Zip Code
Laredo	TX	78042

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Henry Roberto CuellarCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Transaction ID : 05556-4358941912651

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. The Committee for the Preservation of Capitalism

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Mailing Address PO Box 65314

City	State	Zip Code
Washington	DC	20035

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

The Committee for the Preservation of CapitalismCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Contribution

Transaction ID : 60203-5909540057182

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

33000.00
